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AUTHOR Reed, Daisy Frye; Hill, Ada Dance
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ABSTRACT

The most suitable vehicle for preparing preservice teachers for work with exceptional children is clinical experience, which include practica, field experiences, internships, and student teaching. Besides giving preservice teachers practical work experience, a well-planned and action-oriented clinical experience develops and modifies attitudes, sensitivities, and skills. Areas for specific emphasis for preservice should include an understanding of the levels of educational services and of how to recognize and manage social and behavior problems in the classroom. One four-phase model for clinical experiences has the following sequence: (1) Preservice teachers visit and observe a variety of classroom settings; (2) They are assigned to a school where they observe and participate in various activities and classes; (3) They have a limited teaching experience in an assigned classroom; and (4) Having gained appropriate knowledge, skills, and attitudes, full-time student teaching in a mainstreamed class is expected. (FG)

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"Clinical Experiences to Prepare Preservice Teachers for Mainstreaming"

by

Daisy Frye Reed, Ed.D.
Assistant Professor of Curriculum & Instruction

and

Ada Dance Hill, Ed.D.
Assistant Professor of Special Education

School of Education, Virginia Commonwealth University
Richmond, Virginia

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OUTLINE OF PRESENTATION

Part I	Introduction - Daisy Reed
Part II	Areas of Specific Emphasis - Ada Hill
Part III	Model for Clinical Experiences - Daisy Reed
Part IV	Explication of the Model - Ada Hill
Part V	Summary - Ada Hill
Part VI	Questions and Answers - Daisy Reed & Ada Hill

INTRODUCTION

We have a very active interest in clinical experiences and mainstreaming. Both of us serve as coordinators and supervisors of clinical experiences which include practicum experiences and student teaching. Dr. Hill works with Special Education students, and I work with "regular" education students. We are both members of the Dean's Mainstreaming Committee.

During our many visits to schools, both of us have seen the need for having classroom teachers prepared to work with exceptional children who have been placed in their classrooms. It seems obvious to us that the logical place to begin this preparation is with preservice teachers. And the most suitable vehicle to use to provide this preparation is clinical experiences.

We define "clinical experiences" as those teaching/learning experiences in which preservice teachers participate outside of the college classroom. "Clinical experiences" include practicum experiences, field experiences, internships, externships, and student teaching. During these experiences, preservice teachers have the opportunity to observe, to participate, to assist, and to do actual teaching. These experiences take place in day-care centers, nursery schools, child development centers, elementary schools, middle schools, secondary schools, reading centers, and adult learning centers.

These experiences involve preservice teachers in various aspects of the teaching process and provide them with practical information about the role of the teacher, the work of teachers, the nature of the learning process, and the functions of various educational institutions. These experiences can also serve to develop an appropriate awareness, attitude, sensitivity, and professional skill for working with the exceptional child in the regular classroom.

<u>How</u> this can be accomplished is the focus of our presentation.

Two research studies present apparently successful attempts to prepare regular classroom teachers to deal effectively with handicapped students who have been mainstreamed into the classroom.

The first study by James R. Yates of the University Council for Educational Administration in Columbus, Ohio is entitled "Model for Preparing Regular Classroom Teachers for 'Mainstreaming'".[1] The major question addressed in this study was: Are there affective and cognitive changes in teachers who participate in a continuing education program of special education for regular classroom teachers?

Forty regular classroom teachers from K to 5th grade participated in the program. Of the 40 teachers, 30 served as the experimental group while 10 functioned as a control group. Approximately 100 hours of instruction was provided to the experimental group using a laboratory/experiential approach. Pre- and post test data for experimental and control groups were obtained from five instruments: (1) Dogmatism Scale (2) Critical Thinking Appraisal (3) Special Education Information Questionnaire (4) Adjective Self Description and (5) Classroom Integration Inventory.

The results indicated a significant difference in the amount of special education information obtained by the experimental group. The experimental group felt that students of limited or superior intelligence and students with seizure states could be successfully integrated into regular classroom settings. It appears that using a laboratory/experiential teacher preparation model does, to some extent, change the awareness of and attitudes toward handicapped students.

The second study is by Raynond M. Glass of Indiana University and Roy

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[1] Warfield, Grace, J. (Ed.) Mainstream Currents. Reston, Va.: CEC 1974, pp 245-246.

S. Meckler of Eastern Kentucky University. The title of the study is "Preparing Elementary Teachers to Instruct Mildly Handicapped Children in Regular Classrooms: A Summer Workshop."[2]

The workshop goals were (1) to equip elementary teachers with diagnostic, remedial, and behavior management skills that would increase their ability to successfully instruct mildly handicapped children in regular classrooms, (2) to modify the teacher's use of authority in the classroom, (3) to increase dialogue between teachers and students about classroom decisions and problems, and (4) to increase the authenticity, positive regard, and empathy in teacher-pupil interactions.

Eighteen teachers and 38 children, aged 6 to 12, participated in the 8 week workshop. Four of the children were educably mentally retarded, 16 had learning and/or behavior problems, and 18 needed remedial math and/or reading.

Five instructional approaches were used in the workshop: (1) classroom teaching, (2) problem solving sessions, (3) formal instruction sessions, (4) feedback and planning sessions, and (5) parent meetings. Pre- and post test data for evaluating the workshop were the "Minnesota Teacher Attitude Inventory" and an author constructed self report inventory.

The results indicate that the teachers perceived themselves as having made substantial gains in all of the workshop goals and objectives. They viewed themselves as more competent in their ability to teach mildly handicapped children in their regular classrooms and more attracted to the notion of maintaining such children in regular classes. The authors believe that

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[2]Warfield, Grace J. (Ed.) Mainstream Currents. Reston, Va.: CEC 1974, pp. 246-250.

the most significant implication of the study is that specific skills relative to the instruction of mildly handicapped children can be isolated and taught to elementary teachers in a relatively short time.'

Both of these studies indicate to us that preservice teacher attitudes can be modified and skills can be taught in a well-planned, experiential, action-oriented program.

And that's what, we believe, clinical experiences can become.

A Continuum of Services

In the cascade model that involves the regular classroom, the least restrictive environment can be represented with a variety of administrative arrangements.

Here, it is proposed that at the top level, students who have minor learning and/or behavioral problems will be placed in the regular classroom. They will not require additional attention from the regular classroom teacher.

On the 2nd level, the special students are placed in the regular classrooms. However, these students will require certain types of support from special education services in response to their unique needs.

On the 3rd level, special materials as well as special teaching techniques are provided by the special education teacher, trained to work with the particular handicapping conditions.

On the 4th level, the program is designed so that those students who require the direct services of a special education itinerant specialist will provide the required services. The specialists are usually speech and hearing clinicians or mobility instructors for the visually impaired.

The 5th level requires that the special child will receive the services of Resource room facilities. Such services will be the responsibility of special education personnel.

Finally, the special student will be placed in the regular classroom for ½ of his academic work and in a special classroom for the other half. This arrangement will also be dictated by the special child's ability to function in the regular classroom.

As reflected in the model with the arrows moving upward, it is hoped that administrative arrangements will ensure that the students move toward full participation in regular classrooms whenever the arrangement works in the best interest of the child.

The arrows moving downward, reflect the opposite arrangement.

As we train our pre-service students to work in mainstreamed settings, they are also taught to work on each of these levels in more diverse situations.

With this diversity, regular schools and classes can offer many forms of underdeveloped instruction to meet the various needs of students.

The pre-service student must understand that "prior to any educational planning, it is necessary for them to understand for themselves what comprises the various areas of educational performance that may be needed by any handicapped student in academics, sociobehavior, basic living, and career education."

Since there are many specific requirements for educational programs for handicapped individuals in Education for All Handicapped Children's Act, (PL 94-142) teacher training institutions must teach that provisions must be made within the least restrictive environment. Students should understand and be taught that:

1. There is a requirement that school personnel develop and maintain an individualized educational program (IEP) for periodic revision as necessary.

2. There are various policies and procedures that guarantee due process for handicapped children.

3. These policies and procedures are designed to protect the confidentiality of records.

4. There should be initiation and maintenance of regular parent involvement and consultation.

AREAS OF SPECIFIC EMPHASIS

Pre-service students must understand the continuum of educational services as reflected in the modified placement cascade.

FOR THE MAINSTREAMED STUDENT

A CONTINUUM OF EDUCATIONAL SERVICES

REGULAR CLASS

No Assistance is Needed

Special Education

Consultative Service

Consultation and Special Materials

from Special Education

Itinerant Teacher Services

from Special Education

Resource Room

Resource Teacher Services

from Special Education

Regular Class - Half Time

Special Class - Half Time

Move special education towards the mainstream whenever possible

Students move this direction only when feasible

Adapted from Maynard Reynolds Cascade of Service Delivery 1977.

This individualized Education Program translates legislative requirements into Educational practice.

Regular pre-service students must be taught the components of the IEP before they begin their clinical experiences.

In sociobehavior education, there must be values education to help students classify for themselves their own values. They must understand that values are personal, relative, and situational.

Our pre-service teachers must be trained in two major considerations in values teaching: (1) how one can help students develop their own values; and (2) how to manage student behaviors while values are being formed. Thus values education should be implemented through a process.

According to Kirschenbaum (1973) constructs of values clarification include:

I. Feeling

1. Being open to one's inner experience
   a. awareness of one's inner experience
   b. acceptance of one's inner experience

II. Thinking

1. Thinking on all seven levels
   a. memory
   b. translation
   c. application
   d. interpretation
   e. analysis
   f. synthesis
   g. evaluation

2. Critical thinking
   a. distinguishing fact from opinion
   b. distinguishing supported from unsupported arguments
   c. analyzing propaganda, stereotypes, etc.

3. Logical thinking (logic)

4. Creative thinking

5. Fundamental cognitive skills
   a. language use
   b. mathematical skills
   c. research skills

III. Communication (Verbally and Nonverbally)

1. Sending clear messages
2. Empathetic listening
3. Drawing out
4. Asking clarifying questions
5. Giving and receiving information
6. Conflict resolution

IV. Choosing

1. Generating and considering alternatives

2. Thoughtfully considering consequences, pros and cons

3. Choosing strategically
   a. goal setting
   b. data gathering
   c. problem solving
   d. planning

4. Choosing freely

V. Acting

1. Acting with repetition

2. Acting with pattern and consistency

3. Acting skillfully, competently

Sociobehavioral Education

According to Larsen and Poplin, sociobehavioral education can be defined as instruction designed to develop self-esteem and confidence through the acquisition of appropriate social behavior.

The ultimate goal is to allow the handicapped student the freedom and independence afforded other individuals within society. This sociobehavior involves appropriate and productive behaviors.

As instructors in teacher training institutions, our work in training pre-service teachers is to teach them how to recognize and manage social and behavioral problems in the classroom.

Gropper, and others (1975) have cited 13 principle classroom problem areas specifically noticed in certain groups of children with handicapping conditions. Certain criteria for classifying the severity of behaviors have been developed:

1. Attention to classroom activities
2. Physical activity
3. Reaction to tension
4. Appropriateness of behavior
5. Meeting work requirements
6. Interest in work
7. Getting along with others
8. Consideration for group needs
9. Response to teacher requirements for instructions
10. Degree of independence
11. Regard for school rules
12. Regard for general rules and conventions
13. Integrity

Self-Help and Basic Living Skills

"Self-help and basic living skills can be defined as those survival and daily living activities that allow a person to function as independently as possible in the home or residential environment." The pre-service student should understand that there is a myriad of self-help and basic living skills that apply to all handicaps. However, depending upon the degrees of severity, these skills are used in a different way as they are used with the ultimate goal of self-sufficiency.

Basic living skills might include:

I Knowledge and understanding of self as a person

II Realistic communication skills

III Concept development and independent mobility

IV Exploration of and exposure to appropriate careers or occupations

Career Education

The performance area of career and vocational skills includes the prerequisites necessary for a handicapped student to select, obtain, and keep appropriate employment. Thus, appropriate employment can be referred to as "holding a job for which one has or can obtain the necessary skills and for which one receives sufficient job satisfaction."

According to Dahl, Appelby, and Lipe the ultimate goals of building vocational education for the handicapped are competitive employment, independence, and self-esteem.

Model for Clinical Experiences

In the teacher education program with which we are most familiar, students are required to have a variety of clinical experiences which we call practica.

These experiences have a variety of formats depending on the program. In one program students are in class at the university on Tuesday mornings and in school settings on Thursday mornings. In another, students are required to participate in a 40-hour practicum and an 80-hour practicum. The student arranges his own schedule to complete these hours. He is also required to attend a weekly seminar at the university. In still another program, students are in class at the university for one half of the semester and in school settings for the other half. There is another program where students spend two weeks in school settings, then two weeks at the university, then two more weeks in school setting and so on. No matter what the format is, we are suggesting that these clinical experiences can also include segments where students can observe, become familiar with, and teach handicapped students.

We are presenting for your consideration a four-phase model for clinical experiences to prepare preservice teachers for mainstreaming. This model is partially operational at our school.

In Phase I, students visit and observe in a variety of settings where education takes place. These include day-care centers, public schools, private schools, adult learning centers, museums, science centers, and others. Schools and institutions for handicapped students can be included.

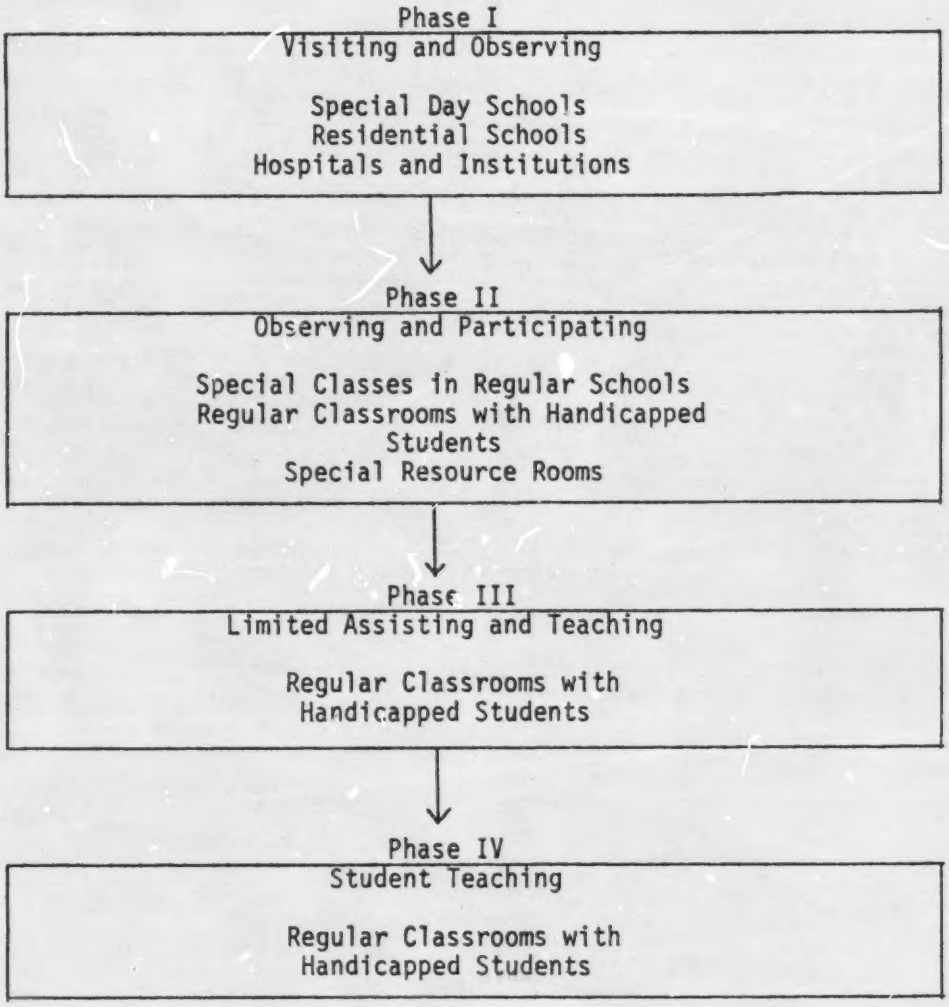
In Phase II, students are assigned to a school where they can observe and participate in teaching and learning in early childhood, upper elementary, and middle school classes. Observation and participation in special classes and resource rooms can be included.

In Phase III, a student is assigned to a particular classroom in a school where he assists in teaching lessons and also teaches lessons by himself. Working with groups which include handicapped children or working individually with a handicapped child can be included in this phase.

In Phase IV, student teaching, the student is expected to have gained sufficient knowledge, skills, and attitudes that will enable him to effectively interact with children in a classroom on a full-time basis. It can be expected that he will also interact effectively with the handicapped children in that classroom.

In each of the phases, there are prerequisite learnings that the pre-service teacher should have before he enters that phase. These learnings can be gained from separate classes, from classes held during the clinical experience, or from workshops and seminars. These learnings are expected to have a cumulative effect so that by the time the student completes Phase IV, he will have the experience and expertise to become a teacher who can successfully work with all children in the classroom.

Model for Clinical Experiences
for
Preservice Teachers



MODEL FOR CLINICAL EXPERIENCES

FOR PRESERVICE TEACHERS

Sequence	Clinical Experience	Setting	Preparation (Prerequisite)
Phase I	Visiting and Observing	Special Day Schools Residential Schools Hospitals and Institutions	Awareness of the types of handicapping conditions Awareness of some observable characteristic
Phase II	Observing and Participating	Special Classes in Regular Schools Regular Classrooms with Handicapped Students Special Resource Rooms	Skills in observation Knowledge of educational psychology Knowledge of principles of child growth and development Plus-Phase I
Phase III	Limited Assisting and Teaching	Regular Classrooms with Handicapped Students	Knowledge of Curriculum Development Knowledge of Classroom Management Knowledge of Instructional Methods and Strategies for Regular and Handicapped Students Plus-Phase I & Phase II
Phase IV	Student Teaching	Regular Classrooms with Handicapped Students	Appropriate Attitudes towards Handicapped Student Skills in curriculum development, classroom management, and instructiona strategies Plus-Phases I,II, III

EXPLICATION OF MODEL

As educators, we are already aware of the fact that throughout the nation there is a great concern and activity to improve the lot of the handicapped to make them better able to contribute to society, and to enable them to become as independent or as dependently independent as possible. New exciting and creative approaches are being introduced to meet the unique needs of this population. Thus, those of us who are teacher educators, must continue to provide fresh inventive and innovative methods for clinical experiences of our pre-service teachers in mainstreamed-settings. This is necessary so that quality education will continue.

Dr. Reed's and my approach to providing clinical experiences for our students is developed to promote change in the learner. This change takes place in attitude, awareness, understanding, and appreciation of the exceptional child in the mainstream of education.

In Phase I, the pre-service teachers are introduced to handicapping conditions and the functioning of the children in the classroom. They are made aware of the cognitive, psychological, physical, or social factors that make learning or adjusting difficult for these special children. In the awareness phase, the gifted with high IQ's, as well as the impaired, must be noted because skilled intervention is needed to assist each group in developing to their fullest potential.

In phase II, the students continue to study and relate to the functioning and performance of the special children in the classroom and/or other settings.

Therefore, observation becomes an important technique at this stage. Informal observation of the children in a variety of settings is helpful. The pre-service students participate in both formal and informal observational systems. They are familiarized with systems that are used to determine the climate of the classroom. By observing the teacher and the responses between the teacher and the special children, the pre-service students are able to determine whether that teacher is a critical person or an understanding and receptive one. They become aware of the fact that certain personality characteristics of some children inhibit their success, and, merely placing the child with a different teacher may eliminate the problem. Norm-referenced, criterion referenced observation techniques and the gathering of baseline data are involved. The pre-service student learns that observations that are factual in nature can help to a great extent to meet the child's needs.

The implication of child development models and educational theory are incorporated in the organization of information about change and growth. They develop a broader frame of reference regarding the nature and complexity of classroom practices as they involve the special child.

In Phase III, various aspects of instruction are involved in the program. The pre-service students learn of tangible competencies that can be used by a teacher in making instructional decisions concerning the special children since they have become aware of the programmatic and environmental modifications necessary for some of the children in the various settings.

In their limited assisting and teaching experiences during this phase, they are now employing behavior management strategies for exceptional children; employing strategies for improving academic performance, writing IEP's, setting

goals and objectives; and developing on-going evaluation plans for monitoring the progress of all the children.

In Phase IV, steps in establishing appropriate attitudes on the part of teachers, administrators, and other staff toward the exceptional child must continue to be considered.

As students become involved with student teaching experiences, they are once again exposed to competency evaluations. Basic to this is a student analysis survey, conducted to determine the students most suited for respective classroom settings. This analytical process explores the pre-service students' previous involvement and/or exposure to exceptional children; their attitudes-whether accepting or rejecting; their understanding of the concept of mainstreaming, and willingness to accommodate change, their special interests, strengths and weaknesses in areas of handicapping conditions, remediation techniques and appropriate materials and resources.

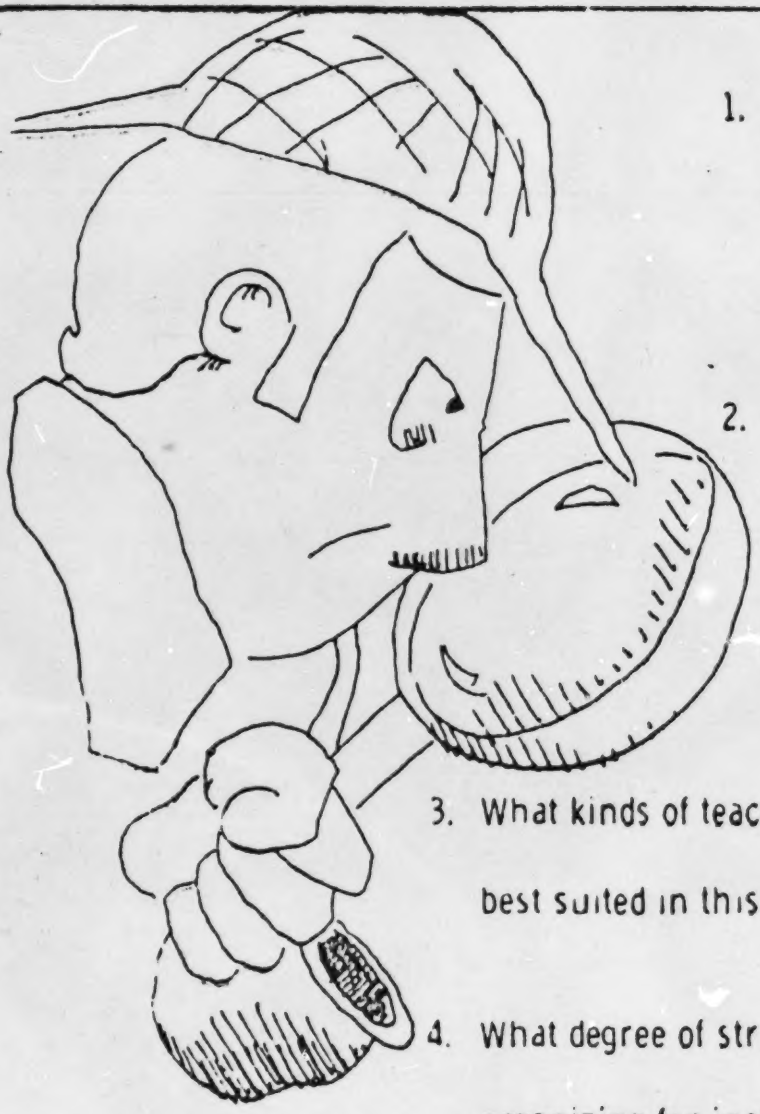
The student's sensitivity is considered in relation to her willingness and ability to incorporate skills in curriculum development into a methodology that will be effective in a mainstreamed environment.

As the regular classroom student teacher develops sensitivity to the children's respective problems, he/she learns to look at each with objectivity. The student examines his attitudes and feelings about handicapping conditions both singularly and collectively.

Summary

Regular classroom teachers must be taught to approach their educational planning and teaching strategies as if they were detectives probing for clues. Thus, the following questions will be posed.

It is hoped and anticipated that when our regular students are placed in classrooms with exceptional children, we will no longer hear such familiar phrases as "Those children!" or "Here they come!"



1. What makes the children function or respond as they do?'
2. What kind of social climate must be maintained for effectiveness in teaching social skills?
3. What kinds of teaching methods will probably be best suited in this particular classroom?
4. What degree of structure should be utilized while organizing for instruction?
5. How much curriculum adapting will be necessary?
6. How much individualized instruction must take place?

As you attempt to respond to these concerns, the teacher must be ever mindful of: the child,
the task, and
the setting

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